Covid-19: Outcomes worsened in second wave for Pakistanis and Bangladeshis in England

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Disparities in risk of infection and death worsened for Bangladeshis and Pakistanis in the second wave of covid-19 but improved for some other ethnic groups, a government progress report has found.

The second quarterly report from the government’s Race Disparity Unit found that when comparing first and early second wave data, death rates from covid-19 have dropped by over 60% for both black African men and black African women, but risen by 124% and 97% for men and women from Pakistani backgrounds, respectively.

“There remains an excess risk of mortality after adjustment for all factors in the early second wave data for Bangladeshis and Pakistanis—this is because of a higher risk of infection, not worse survival, and not because of genetics or ethnicity in itself—but the reasons are not yet clear,” the report said. Interacting risk factors such as household composition, geography, and occupation may explain higher infection rates among Bangladeshis and Pakistani communities, the report suggested. Bangladeshis and Pakistani ethnic groups are more likely to live in multigenerational households and most likely to live in urban areas, both of which carry a higher risk of infection, the report said. It also noted that 41% of employed people from Pakistani or Bangladeshi groups work in higher risk areas such as sales and customer service; process, plant, and machine operation; or elementary occupations, compared with 24% of workers of all ethnic groups.

Minister for equalities, Kemi Badenoch, said, “The latest data show that this is not a one-size-fits-all situation. Outcomes have improved for some ethnic minorities since the first wave, but some communities are still particularly vulnerable. Our response will continue to be driven by the latest evidence and data and targeted at those who are most at risk.”

The report said there had been positive progress on some key recommendations from the first report. For example, NHS trusts had made “significant progress” on protecting the most vulnerable staff and patients, and the list of shielded patients has been updated using a new predictive risk tool—published in The BMJ—that combines multiple risk factors including age, ethnicity, body mass index, specific health conditions, and postcode to link to deprivation.

But it emphasised the importance of people taking up vaccines when offered. It highlighted research showing that some people from ethnic minorities were hesitant to have the vaccine, and the latest OpenSAFELY data showing that around 60% of black people over 70 have been vaccinated compared with 75% of South Asians and 90% of white people.

The report said that the government was tackling vaccine hesitancy through a range of measures including a media campaign across many outlets and in 13 different languages; new community champions; outreach with healthcare providers, faith leaders, and others; and the new government Counter Disinformation Unit.

Keith Neal, emeritus professor of the epidemiology of infectious diseases, University of Nottingham, and an independent adviser to the report, told a Science Media Centre briefing, “The key message is that we need to boost vaccine uptake in all low uptake areas. The vaccine will not solve the other inequalities, but it will sort out the current main problem that we have. Trying to sort out diabetes and obesity are longer term problems.”

Chaand Nagpaul, BMA council chair, commented, “Black and minority ethnic people still account for 28% of those in critical care with covid-19—substantially higher when compared with the overall population. So, the fight is clearly not over and we should not rest until everyone feels protected. Differences in vaccine uptake underline the urgent need for ministers to regain the confidence of communities who feel let down by the government and authorities.” He also stressed that people from ethnic minority backgrounds are overrepresented in patient facing occupations and low income jobs, and many are self-employed or gig economy workers. “People from ethnic minorities must be provided with better protection from the virus, as well as financial support—including for those asked to self-isolate,” he said.

Central and local government will “consider further policy interventions to tackle covid-19 disparities, with a particular focus on groups most disproportionately impacted by the second wave,” the report says.

The government is giving extra funding for a public health campaign to reduce obesity and other comorbidities associated with worse covid-19 outcomes in minority ethnic groups, introducing mass testing in targeted areas, and giving €9m (£6.32m; $12.5m) to research projects looking at the impacts of covid-19 on ethnic minority groups, it added.
